

**APPLICATION FOR BUSINESS ENTITY
INSURANCE LICENSE**

Ref: Section 628.04, Wis. Stat., and
Section Ins 6.58, Wis. Adm. Code
Section 466(a) [42 U.S.C.666(a)]



State of Wisconsin
Office of the Commissioner of Insurance
Agent Licensing Section
P.O. Box 7872
Madison, WI 53707-7872
(608) 266-8699
<http://oci.wi.gov/agentlic.htm>

SECTION I PLEASE COMPLETE THE BLANKS AND CHECK THE APPROPRIATE BOXES BELOW

Personally identifiable information on this form will be matched with information from other states and law enforcement agencies.

License Number (For office use only)	Resident Code (For office use only)	CR # (For office use only)
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License Type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Managing General Agent Firm <input type="checkbox"/> Reinsurance Intermediary Firm					
Business Entity Name				FEIN	
DBA/Trade Name (if applicable)					State of Domicile
Business Address			City	State	Zip
Phone Number () -		Fax Number () -		License Fee (Initial Application Only) \$100.00	
Mailing Address		P.O. Box	City	State	Zip
Contact Person (for questions relating to the application filing)				Phone Number () -	
Legal Business Type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership				Incorporation/Formation Date (month)____(day)____(year)____	
Designated Representative Name _____ Title _____ Address _____ Number, Street, City, State, Zip Phone _____					

SECTION II PLEASE LIST ALL WISCONSIN LICENSED AGENTS, REINSURANCE INTERMEDIARY-BROKERS, REINSURANCE INTERMEDIARY-MANAGERS, OR MANAGING GENERAL AGENTS AUTHORIZED TO DO BUSINESS IN THE BUSINESS ENTITY'S NAME. ATTACH A SEPARATE SHEET IF NECESSARY. (WISCONSIN LAW REQUIRES AT LEAST ONE LICENSED AGENT.)

Full Name	Date of Birth	Social Security No.	Wisconsin Insurance Intermediary License Number

SECTION III PLEASE COMPLETE THE BLANKS AND CHECK THE APPROPRIATE BOXES BELOW

PLEASE LIST ALL PARTNERS, DIRECTORS, AND PRINCIPAL OFFICERS OR PERSONS HAVING COMPARABLE POWERS AND THEIR TITLES (PARTNER, DIRECTOR, PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURER).

*Answer Y for "Yes" and N for "No" for all questions in Section III. If you answer "YES" to any of the questions, it will be necessary for you to attach copies of the documentation listed to your application. Failure to attach the documentation will delay the issuance of your license and may result in the denial of your license. Applications are reviewed on an individual basis after they are received by OCI, and decisions cannot be made prior to receipt of the complete application by OCI.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?
"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine. If you answer yes, you must attach to this application:
a) a written statement explaining the circumstances of each incident,
b) a copy of the charging document, and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment
2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.
If you answer yes, you must attach to this application:
a) a written statement identifying the type of license and explaining the circumstances of each incident,
b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?
If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.
4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?
If you answer yes, identify the jurisdiction(s): _____
5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?
If you answer yes, you must attach to this application:
a) a written statement summarizing the details of each incident,
b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?
If you answer yes, you must attach to this application:
a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
b) copies of all relevant documents.

Name and Title	Date of Birth (mandatory)	Social Security No. (mandatory)	Wisconsin Insurance Intermediary License Number (if applicable)	Section III Answers*					
				1.	2.	3.	4.	5.	6.

I, the undersigned, hereby testify that the corporation, partnership, or firm of which I am a partner, director, or officer has included in its articles of incorporation or association, the intent, in good faith, to do business as an intermediary and will transact business in such a way that all acts that may be performed only by a licensed intermediary, are performed exclusively by natural persons who are licensed under s. 628.04, Wis. Stat., and functioning within the scope of the license. If the corporation, partnership, or firm is domiciled outside of Wisconsin, it agrees to be subject to the jurisdiction of the Commissioner and the courts of this state on any matter related to the corporation's, partnership's, or firm's insurance activities in this state, on the basis of service of process under ss. 601.72 and 601.73, Wis. Stat.

I also certify that the principal officers, directors, or partners are competent and trustworthy according to the standards listed in Section III. I further state that I have read and knowingly made the foregoing statements and representations and that each and all statements and representations are true to the best of my knowledge. I understand that any misrepresentation, false statement, or fraud in connection with this application may be cause for revocation or suspension of a license issued thereon or may be cause for denial of application in addition to any other actions or penalties or both.

Signature of Applicant (Officer or Partner)	Title
Name (Please Print)	Date